

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

Ms.

FIRST

Mindy Ann

MI

L

NICKNAME

LAST

Terence

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7911 Woodway

Houston TX 77063

☐ Change of Address

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

274.7888

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

Mr

FIRST

HECTOR

MI

M

NICKNAME

LAST

ROVIRA

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7911 Woodway

HOUSTON TX 77063

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

530.3846

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

9 / 22 / 03

9 / 25 / 03

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

11 / 4 / 03

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

Houston  
CITY COUNCIL At Large No. 5

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

None

Address / PO Box; Apt. / Suite #; City; State; Zip Code

N/A

☐ additional pages

GO TO PAGE 2



# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME

MINDY ANN TERENCE

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

None

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages
18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 500.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0.00

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

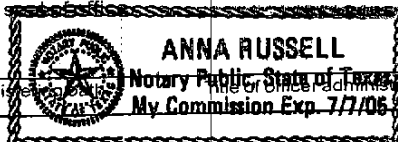
*Mindy Ann Terence*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mindy Ann Terence, this the 3rd day of October, 2003, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath



Printed on recycled paper

Revised 09/01/2003

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

MINDY ANN L TERENCE

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/22/03

5 Payee name

CITY OF HOUSTON PO BOX 1562

6 Payee address; City; State; Zip Code

HOUSTON TX 77251-1562

8 Amount  
(\$)

\$ 500.00

7 Purpose of expenditure (See instructions regarding type of information required.)

CITY COUNCIL FILING FEE

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Amount  
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Amount  
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Amount  
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Amount  
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED